



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MARION GENERAL HOSPITAL

City of Hospital: Marion

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Tony Roberts

Email Address: tony.roberts@mgh.net

Medicare Provider Number: 150011

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$115425081 |
| Outpatient Patient Service Revenue | \$344693516 |
| Total Gross Patient Service Revenue | \$460118597 |

2. Deductions From Revenue

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|-----------------------|-------------|
| Contractual Allowance | \$259559909 |
| Other Deductions | \$25364624 |
| Total Deductions | \$284924533 |

3. Total Operating Revenue

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|-----------------------------|-------------|
| Net Patient Service Revenue | \$175194064 |
| Other Operating Revenue | \$1958769 |
| Total Operating Revenue | \$177152833 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|------------|
| Salaries and Wages | \$47621874 | Employee Benefits | \$18265162 |
| Depreciation and Amortization | \$11464977 | Interest Expense | \$1502562 |
| Bad Debt | \$74575 | Other Expenses | \$92624519 |
| Total Operating Expenses | \$171553669 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$5599163 | Total Assets | \$374065458 |
| Net Non-operating Gains over Loss | \$20209801 | Total Liabilities | \$108057766 |

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|-----------------|------------|
| Total Net Gains | \$25808964 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$197705872 | \$144954691 | \$52751181 |
| Medicaid | \$90069527 | \$67677290 | \$22392237 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$172343198 | \$72292552 | \$100050646 |
| Total | \$460118597 | \$284924533 | \$175194064 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$600504 | \$-600504 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$5302 | \$-5302 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$1293812 | \$-1293812 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$225796 | \$-225796 |

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|---|--------|
| Number of Medical Professionals Trained | 941 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | 158154 |

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| Statement Six: Charity Statement |
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|--------------------------|------------|
| Hospital Charity Charges | \$11660245 |
|--------------------------|------------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$4853635 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$4853635 | \$-4853635 |
| Medicaid Shortfalls | \$19892626 | \$43680914 | |
| Subtotal | \$19892626 | \$48534549 | \$-28641923 |
| DSH Payments | \$3,291,437 | | |
| Subtotal | \$23184063 | \$48534549 | \$-25350486 |
| Medicare Shortfalls | \$44215404 | \$82285184 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$67399467 | \$130819733 | \$-63420266 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$80891 | \$370330 | \$-289439 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$317906 | \$-317906 |
| Other Allocations | \$0 | \$1384980 | \$-1384980 |

Comments

Medicare = Traditional Medicare + Medicare Advantage plans.
 Medicaid = Traditional Medicaid + Medicaid Managed Care plans.

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